

AUTHORIZATION FOR USE OF FIRST-CLASS OR PREMIUM-CLASS OTHER THAN FIRST-CLASS
(PCotFC) TRAVEL ACCOMMODATIONS

INDIVIDUAL TRIP AUTHORIZATION

First Class¹ ☐

PCotFC ☐

(Please check authorization requested)

ORGANIZATION: _____

NAME: _____

GRADE: _____

TITLE: _____

TRIP ORIGIN: _____

TRIP DESTINATION: _____

COST:

FIRST-CLASS/PCotFC _____

COACH FARE _____

ADDITIONAL COST _____

CARRIER (IF FOREIGN) _____

JUSTIFICATION: Check appropriate box and provide brief explanation:

| | | |
|----|--------------------------|--|
| 1) | <input type="checkbox"/> | Regularly scheduled flights between the authorized origin and destination points provide only First-Class or PCotFC accommodations |
| 2) | <input type="checkbox"/> | No space is available in coach-class in time to accomplish the mission (Only PCotFC may be authorized) |
| 3) | <input type="checkbox"/> | Security reasons |
| 4) | <input type="checkbox"/> | Inadequate Sanitation (Only PCotFC may be authorized) |
| 5) | <input type="checkbox"/> | Overall cost savings (Only PCotFC may be authorized) |
| 6) | <input type="checkbox"/> | Use of Frequent Flyer Benefits (Only PCotFC may be authorized) |
| 7) | <input type="checkbox"/> | Acceptance of Payment from a non-federal source (Only PCotFC may be authorized) |
| 8) | <input type="checkbox"/> | Travel in excess of 14 hours (Only PCotFC may be authorized) |
| 9) | <input type="checkbox"/> | Agency Mission |

EXPLANATION:

AUTHORIZED BY: _____

SIGNATURE OF EMPLOYEE _____

TITLE: _____

DATE: _____

¹If First-Class accommodations are requested, please provide specific medical reason why PCotFC accommodations cannot be used. If no reason is given, only PCotFC will be authorized.